

Texas Cooperative Extension DECLARATION OF ELIGIBILITY FORM



In accordance with 4-H policy, provided by our local fixtension office, I respectfully request (check (/) one) Academic eligibility information only	PAR	ENT/GUARDIAN /COUNTY EXTENSION AGENT - Complete This Section
Academic eligibility information and authorization to receive an excused absence from school Date: Name of Activity:	In accordan	ce with 4-H policy, provided by our local fixtension office, I respectfully request (check (1) one):
Date: Name of Activity:		Academic eligibility information only
Date:		Academic eligibility information and authorization to receive an excused absence from school
Signature of Parent/Guardian: I hereby certify that		
County and is scheduled to participate in this activity representing 4-1. He/she will be under the supervision of the Texas Cooperative Extension faculty or agency's designated volunteer leader. Date PRINCIPAL - Complete This Section Check () one: I do certify that the student is academically eligible to participate in the above mentioned extracurricular activity. I do not certify the student because he/she is NOT academically eligible to participate in the above mentioned extracurricular activity. Check () one:		C)
Date PRINCIPAL - Complete This Section Check (✓) one: I do certify that the student is academically cligible to participate in the above mentioned extracurricular activity. I do not certify the student because he/she is NOT academically eligible to participate in the above mentioned control of the above	I hereby certif	y that is a member of 4-II in
PRINCIPAL - Complete This Section Check (✓) one: I do certify that the student is academically eligible to participate in the above mentioned extracurricular activity. I do not certify the student because he/she is NOT academically eligible to participate in the above mentioned extracurricular activity. Check (✓) one:	He/she will be volunteer lead	er. Cooperative Extension faculty or agency's designated
Check (✓) one: I do certify that the student is academically eligible to participate in the above mentioned extracurricular activity. I do not certify the student because he/she is NOT academically eligible to participate in the above mentioned extracurricular activity. Check (✓) one:		Date County Extension Agent
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the above mentioned extracurricular activity. Check (✓) one:	150 AV	I do certify that the student is academically eligible to participate in the above mentioned
	Ü	I do not certify the student because he/she is NOT academically eligible to participate in the above mentioned extracurricular activity.
An excused absence will be granted.	Check (✓) one	ni **
		An excused absence will be granted.
An excused absence will not be granted.		An excused absence will not be granted.
☐ Does not apply.	ū	Does not apply.
Signed: Date:	Signed:	Date:
Principal or Designee	1001 11 (50.00 p. 70.00 p. 7	
Name of School		

. Instructions: Complete one form per activity. 4-H member should retain original form to county Extension office.